



Application for an Emergency or Temporary Discharge Authorization

Please complete this form pursuant to section 22a-6k of the Connecticut General Statutes. You must submit the Permit Application Transmittal Form (DEP-APP-001) and the application fee along with this completed form. *Print or type unless otherwise noted.*

Note: If the discharge is composed solely of groundwater remediation wastewater and is discharged to a sanitary sewer or to surface water, the discharger must file for authorization under the General Permit for the Discharge of Groundwater Remediation Wastewater to a Sanitary Sewer or the General Permit for the Discharge of Groundwater Remediation Wastewater to a Surface Water.

DEP USE ONLY

Application No. _____

Authorization No. _____

Facility I.D. _____

Part I: Fee Information

Please check the category that applies:

- | | |
|---|-----------|
| <input type="checkbox"/> Sanitary Sewer Discharge | \$1500.00 |
| <input type="checkbox"/> Surface Water Discharge | \$1500.00 |
| <input type="checkbox"/> Groundwater Discharge
(for groundwater discharges associated with insitu remediation) | \$1500.00 |

The fee for municipalities is 50% of the above rates. The fee for single family residences shall be waived.

If an emergency exists on site, the application may be processed prior to submittal of fees. Fees shall then be due within 10 days of issuance of the authorization. If submitted fees are deemed inadequate, additional fees shall also be due within 10 days of issuance.

The fee shall be non-refundable and shall be paid by check or money order payable to the Department of Environmental Protection.

Part II: Applicant Information

1. Fill in the name of the applicant(s) as indicated on the *Permit Application Transmittal Form* (DEP-APP-001):

Applicant:

Business Phone:

ext.

Fax:

Applicant's interest in property or facility at which the proposed activity is to be located:
(check all that apply)

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> site owner | <input type="checkbox"/> option holder | <input type="checkbox"/> lessee | <input type="checkbox"/> facility owner |
| <input type="checkbox"/> easement holder | <input type="checkbox"/> operator | <input type="checkbox"/> other (specify): | |

Company Name:

FEIN number, if applicable:

- ☐ Check here if there are co-applicants. If so, label and attach additional sheet(s) to this sheet with the required information.

Part II: Applicant Information (continued)

2. List primary contact for departmental correspondence and inquiries, if different than the applicant.

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.

Fax:

Contact Person:

Title:

3. List attorney or other representative, if applicable:

Firm Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.

Fax:

Attorney:

4. Facility or Site Owner, if different than the applicant.

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.

Fax:

Contact Person:

Title:

5. List any engineer(s) or other consultant(s) employed or retained to assist in preparing the application or in designing or constructing the activity.

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.

Fax:

Contact Person:

Title:

Service Provided:

☐ Check here if additional sheets are necessary, and label and attach them to this sheet

Part III: Site Information

1. Name of facility, if applicable:

Street Address or Description of Location:

City/Town: State: Zip Code:
2. Is the activity which is the subject of this application located within the coastal boundary as delineated on DEP approved coastal boundary maps? ☐ Yes ☐ No
If yes, DEP may notify you of further requirements.
3. Is the project site located within an area identified as a habitat for endangered, threatened or special concern species as identified on the "State and Federal Listed Species and Natural Communities Map"?
☐ Yes ☐ No Date of Map:
If yes, DEP may notify you of further requirements.
4. Is the site located within an aquifer protection area as defined in Section 22a-354a through 354bb of the General Statutes (CGS)? ☐ Yes ☐ No
If yes, DEP may notify you of further requirements.
5. Is the site located within a 1/4 mile radius of a well used for potable supply? ☐ Yes ☐ No
6. Groundwater classification of the site:

Part IV: Activity Information

1. Maximum daily flow of the discharge: gpd
Number of hours per day of the discharge:
Maximum Instantaneous Flow: gpm
2. Provide a brief description of the activity producing the discharge:
3. Provide an estimated duration of the discharge activity.
Estimated beginning date:
Estimated ending date:

Part IV: Activity Information (continued)

4. Name of surface waterbody if discharging to a surface water, POTW if discharging to a POTW, or watershed if discharging to groundwater:

5. Type of contamination, if any:

6. Volume of product lost, if any:

Part V: Supporting Documents

Please check the box by the attachments being submitted as verification that *all* applicable attachments have been submitted with a completed application form. When submitting any supporting documents, please label the documents as indicated in this part (e.g., Attachment A, etc.) and be sure to include the applicant's name as indicated on the *Permit Application Transmittal Form*.

- ☐ Attachment A: A site diagram indicating the location of all structures, drainages, parking areas, monitoring or recovery wells or drinking water wells within a 1/4 mile radius of the site, and all existing or proposed equipment, structures and discharge locations associated with the discharge activity.

- ☐ Attachment B: An 8 1/2" by 11" copy of the relevant portion or a full-sized original of a United States Geological Survey (USGS) quadrangle map, with a scale of 1:24,000, showing the location of the site and the exact location of each discharge. Please include the quadrangle name and number of the USGS map on the copy.

- ☐ Attachment C: Plans and specifications for the proposed collection and treatment system to be installed on site.

Part V: Supporting Documents (continued)

- ☐ Attachment D: *Emergency or Temporary Authorization Screening Form* (DEP-WD/REM-APP-201)
Provide sample analyses results indicating pollutants in untreated water to be discharged. Any analyses results submitted must be from samples collected within the past 12 months and must include any known or existing contaminants. Contact Donald Gonyea at (860) 424-3827 if you have any questions. Analyses results must be submitted on the screening form provided. Please submit copies of the lab results also. If necessary, analyses conducted for soil characterization may be submitted in lieu of untreated water analyses.
- ☐ Attachment E: For all discharges to a POTW, an *Approval for Connection to a POTW* (DEP-WD/REM-APP-202).
- ☐ Attachment F: A report detailing the nature of the work being conducted. If the discharge is to continue beyond 30 days, this report must detail the nature of the "imminent threat to human health or the environment".
- ☐ Attachment G: Please submit any additional information pertinent to the activity to be covered by this Authorization. For example, if the discharge includes a discharge of any substance to soil or groundwater, include site hydrogeology, boring logs, direction of groundwater flow, groundwater quality classification, location of monitoring and recovery wells, location of sensitive receptors (potable supply wells, streams, etc.), and detailed information on the substances to be discharged (MSDS sheets are typically not sufficient), etc. If new technology is to be implemented, include summaries of case studies, in addition to technology details.

Continued on next page

Part VI: Applicant Certification

The applicant *and* the individual(s) responsible for actually preparing the application must sign this part. An application will be considered incomplete unless all required signatures are provided.

"I have personally examined and am familiar with the information submitted in this document and all attachments thereto, and I certify that based on reasonable investigation, including my inquiry of the individuals responsible for obtaining the information, the submitted information is true, accurate and complete to the best of my knowledge and belief.

I understand that a false statement in the submitted information may be punishable as a criminal offense, in accordance with section 22a-6 of the General Statutes, pursuant to section 53a-157b of the General Statutes, and in accordance with any other applicable statute.

I certify that this application is on complete and accurate forms as prescribed by the commissioner without alteration of the text."

Signature of Applicant

Date

Name of Applicant (print or type)

Title (if applicable)

Signature of Preparer (if different than above)

Date

Name of Preparer (print or type)

Title (if applicable)



Check here if additional signatures are required. If so, please reproduce this sheet and attach signed copies to this sheet. You must include signatures of any person preparing any report or parts thereof required in this application (i.e., professional engineers, surveyors, soil scientists, consultants, etc.)

Note: Please submit the *Permit Application Transmittal Form*, Application Form, Fee, and all Supporting Documents to:

CENTRAL PERMIT PROCESSING UNIT
DEPARTMENT OF ENVIRONMENTAL PROTECTION
79 ELM STREET
HARTFORD, CT 06106-5127

Send a copy of this completed form to: the receiving POTW, for POTW discharges; or, the applicable town engineering department, for surface water or groundwater discharges.

Attachment D: Emergency or Temporary Authorization Screening Form

Applicant's Name:

(as indicated on the *Permit Application Transmittal Form*)

Site Address:

Sample monitoring results shall be recorded on this form. Samples shall be analyzed for all pollutants that are known or suspected to be present in the discharge before treatment, if any.

Date Sampled:

Type of Discharge:

Parameter	Result 1	Result 2
Daily Flow		
VOCs as detected by EPA Method 601		
Total VOCs (EPA Method 601 & 602)		
Oil & Grease - Hydrocarbon Fraction		
MTBE		
Total Lead		
Arsenic		
Barium		
Beryllium		
Boron		
Cadmium		
Chromium (total)		
Chromium (hexavalent)		
Cobalt		
Copper		
Magnesium		
Mercury		
Nickel		
Selenium		
Silver		
Thallium		
Tin		
Vanadium		
Zinc		
Total Cyanide		
Amenable Cyanide		
Phenols (EPA Method 625)		
Phthalate Esters (EPA Method 606)		
Polynuclear Aromatic Hydrocarbons (PAHs) (EPA Method)		
Base Neutral/Acid Extractables (BNAs) (EPA Method 625, Excluding PAHs & Phenols)		

Attachment D: Emergency or Temporary Authorization Screening Form (continued)

Parameter	Result 1	Result 2	
Pesticides (EPA Method 608)			
Aldrin			
alpha-BHC			
beta-BHC			
delta-BHC			
gamma-BHC (Lindane)			
Chlordane (technical)			
4,4' - DDD, plus 4,4' - DDE, plus 4,4' - DDT Combined			
Dieldrin			
Endosulfan I			
Endosulfan II			
Endosulfan Sulfate			
Endrin			
Endrin aldehyde			
Heptachlor			
Heptachlor epoxide			
Methoxychlor			
Toxaphene			
Chlorinated Herbicides (EPA Method 615)			
2,4 D plus 2,4 DB			
2,4,5 T			
2,4,5 TP (Silvex)			
Dicamba			
PCBs (EPA Method 608)			
Parameter	Result	Parameter	Result
PCB - 1016		<i>Other PCBs if present</i>	
PCB - 1221			
PCB - 1232			
PCB - 1242			
PCB - 1248			
PCB - 1254			
PCB - 1260		Total PCBs:	

Attachment E: Approval for Connection to a Sanitary Sewer

The applicant *and* a responsible official from the POTW receiving the discharge must sign this approval. *Where a local sewer commission acts independently of the POTW (i.e. facilities that receive sewage from more than one town), both the local sewer commission and POTW authority must sign the approval.*

The below referenced facility is seeking Authority from the Department of Environmental Protection to discharge wastewater to the sanitary sewer for a period of _____ (check one)

☐ **<30 days**

☐ **>30 days to one year**

☐ **>1 year**

Discharge volume will not exceed _____ gallons per day.

The discharge shall consist of:

Discharge Site:

Site Address:

City/Town:

State:

Zip Code:

-

/ /
Date

Signature of Applicant

To be completed by receiving POTW:

Name of Receiving POTW:

Address of POTW:

City/Town:

State:

Zip Code:

-

Approved by: _____

Signature

/ /
Date

Name (please print)

Title

To be completed by Commission:

Local Sewer Commission:

(if different than receiving POTW)

Address:

City/Town:

State:

Zip Code:

-

Approved by: _____

Signature

/ /
Date

Name (please print)

Title

Comments: